

EXHIBIT A

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2014-024868

DATE ISSUED: 12/05/2017

FEE NUMBER: 73635977

FIRST AND MIDDLE NAME(S): ANTON
LAST NAME(S): OMELIN

COUNTY OF DEATH: PIERCE
DATE OF DEATH: OCTOBER 30, 2014
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 25 YEARS
SOCIAL SECURITY NUMBER: 535-67-0223

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MARCH 04, 1989
BIRTHPLACE: SYKTYVKAR RUSSIA

MARITAL STATUS: MARRIED
SPOUSE: ANNA SHILOVA

OCCUPATION: DISTRIBUTOR
INDUSTRY: WHOLESALE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: EVGENIYA NACCARATO
RELATIONSHIP: MOTHER
ADDRESS: PO BOX 59974, RENTON, WA 98058

CAUSE OF DEATH:
A: ASPIRATION OF GASTRIC CONTENTS

INTERVAL:

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALCOHOL INTOXICATION

DATE OF INJURY: OCTOBER 30, 2014
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 4219 69TH AVENUE EAST

CITY, STATE, ZIP: FIFE, WASHINGTON 98324-3697

COUNTY: PIERCE

DESCRIBE HOW INJURY OCCURRED: ASPIRATED GASTRIC CONTENTS
WHILE INTOXICATED

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4219 69TH AVE E
CITY, STATE, ZIP: FIFE, WASHINGTON 98424

RESIDENCE STREET: 4219 69TH AVE E
CITY, STATE, ZIP: TACOMA, WA 98424
INSIDE CITY LIMITS: YES COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: PAVEL OMELIN
MOTHER/PARENT: EVGENIYA CHERNOVA

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CALVARY CEMETERY

CITY, STATE: TACOMA, WASHINGTON
DISPOSITION DATE: NOVEMBER 06, 2014

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER

ADDRESS: 3005 BRIDGEPORT WAY W.
CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98466
FUNERAL DIRECTOR: BRIANNE L. EDWARDS

MANNER OF DEATH: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: THOMAS B. CLARK, III, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 3619 PACIFIC AVENUE
CITY, STATE, ZIP: TACOMA, WASHINGTON 98418-7929
DATE SIGNED: OCTOBER 31, 2014

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 14-1625
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: WENDY WHITE
DATE RECEIVED: NOVEMBER 03, 2014